

LOCAL SPECIALISTS' ASSOCIATION
Year End Summary Form
Deadline: June 15th

For the year _____ to _____

This two-page form is to be used by a Local Specialist Association to provide a summary of activities and an active membership list. This form must be submitted to the Chairperson of the District Professional Development Committee, at the end of each school year to support L.S.A contact and transition into the following school year.

Please print legibly:

Full Name of L.S.A.

President

School

Email

Phone

Treasurer

School

Email

Phone

Number of members in the LSA:

Names of LSA members (with school/ site):

Please provide a brief description of your L.S.A.'s activities for this school year:

LSA President's Signature _____

Date: _____

District PD Chairperson Signature: _____

Return by June 15th:

**Chairperson, District Pro D Committee – VTA Office, pdchair@vernonta.com
4004-31 Street (250) 542-0456 www.vernonta.com**